mass index (LVMI), and the negative correlation of the diastolic blood pressure and ankle brachial index (ABI). Subjects with high values of the carotid RI showed a higher rate of left ventricular hypertrophy and peripheral artery disease (increased IMT, carotid plaques and lower ABI) compared with those with low RI. The analysis of multiple clinical trials revealed that age, systolic and diastolic blood pressure and LVMI independently influence carotid RI and have a good correlation with values of the renal RI in the hypertensive patients.

Conclusion: The results of various clinical trials suggest that the renal RI of and carotid RI increase in parallel in a certain manner. On the other side, risk factors for the increase of RI of the carotid and renal arteries have a partially differet manner, suggesting that specific control of particular risk factors may also be necessary in the prevention of vascular damage in each vascular bed. So we can draw the conclusion that the cuantification of these two parameters in complex could be particularly useful in the prediction of the cardiovascular damage, provide an accurate estimation of the global cardiovascular risk and an early prophylactic intervention for the prevention of cardiovascular damage in the large and heterogenic group of the hypertensive patients.

Keywords: hypertensive patients, vascular damage, renal resistive index, carotid resistive index.

62. CLINICAL MANIFESTATI ONS - SOCIAL AND INTELLECTUAL IMPACT OF THE COLLECTIVE INTOXICATION IN CHILDREN

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Introduction: The performance of a correct triage, rapid assessment and initiation of immediate treatment is one of the major problems in case of mass intoxication that is more difficult in children than in adults. The golden rule in case of mass intoxication remains the performance of lifesaving maneuvers, first aid maneuvers along with decontamination if necessary.
The aim of this study is to determine the clinical manifestations and social and intellectual impact of the collective intoxication in children.

Materials and methods: The study group has constituted the medical records of 93 children, aged between 8 and 18 with various collective intoxication, who were admitted and taken to the Mother and Child Institute in the period of January 01, 2013 – March 10, 2016.

Results and discussion: As a result of the retrospective study we have noted the following: During this period in the Emergency Department of the Mother and Child Institute there were transported and admitted 93 children with exogenous mass intoxication. The group of children was divided into two study groups. The 1st group – composed of 54 children (58,0%), who received treatment in the Emergency Department and the 2nd group of 39 children (41,9%), who received treatment in the pediatric resuscitation and toxicology unit. During the study there was found out the following: in 2013 there were hospitalized 16 children with toxic plant (henbane, mandrake) intoxication; in 2015 - 25 children (26.8%) with acute intoxication by ethnobotanical inhalation; in 2016 - 28 children (30.1%) intoxicated

by irritant spray-gas inhalation of the respiratory organs and 24 children (25.8%) with dimethoate insecticide intoxication. The classification by age category; 15 children (16.1%) between 8-12 years old; 78 children (83.8%) between 13-18 years old. After the epidemiological research there has been specified the inhaled or ingested toxic substance, the treatment was initiated in the precocious and respective terms according to the protocol. The study has determined the circumstance of intoxication occurrence of 100 percent that took place in public environment: school, school yard and playground. We have also found out voluntary intoxication in 52 cases (55.9%) and the incidental intoxication in 41 cases (44.0%). The clinical manifestations had a wide variation depending on the toxicity entered the child's body. Of the total number of children we have noticed respiratory clinical signs in addition to the digestive and minor neurological ones in 54 cases (58.0%); neurological symptoms including hallucinations, seizures in 14 cases (15.0%); we have noted signs of damage to the cardiovascular system in 12 cases (12.9%). Of the total number of children with dimethoate intoxication 14 children (15.0%) who manifested the clinical signs of intoxication have required the antidote administration. The duration of treatment of children in the Emergency Department (54 children (58.0%)) was on the average of 1.5 ± 0.5 days, and in the pediatric resuscitation and toxicology unit it was of 3.5 ± 0.55 bed days. All the children were of school age and they have missed the school classes on the average of 4.7 days. The children in the study group had missed the teaching material of approximately 35 academic hours, and the material damage aside from the children's treatments that included the research, decontamination of areas, investigation committees, are difficult to determine. During this period from collective intoxication no child has died. From the abovementioned we can conclude the following:

Conclusions:

1. The clinical manifestations in collective intoxication are diverse and require a correct triage along with the decontamination of victims and spaces.

2. The material, social and intellectual damages aside from the treatment of children with collective intoxication, which included the research, decontamination of areas, investigation committees and the missed teaching classes are difficult to determine**.**

Key words: children, collective intoxication, manifestation, intellectual damage.

63. ASSESSMENT OF CYSTIC FIBROSIS SEVERITY

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Introduction. Cystic fibrosis (CF) is one of the most common hereditary diseases and being characterized by chronic lung injury, exocrine pancreatic insufficiency and nutrition disorders. In this disease the mutation of the CFTR gene lead to changes of sodium chloride metabolism inside and outside epithelial cells found in he lungs, liver, pancreas, digestive tract and reproductive system. Thus, the result of this malfunction is represented by sticky and thick mucus, salty taste of the sweat and thickened digestive juices which can clog the lumen and alveoli of the lungs (clinically difficult breathing, formation of the environment proned to bacteria growth) or may disturb (when the pancreas is mainly involved) the process or proper digestion and absorbtion of nutrients, leading even to organ failure in